

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.		FILING DATE	
09801072			
APPLICANT(S)			

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
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49	1					
50						
TOTAL IND.	8		↓		↓	↓
TOTAL DEP.	211	←	←	←	←	←
TOTAL CLAIMS	49	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS